

### **Overpayment Refund Notification Form**

For an overpayment refund to be processed in a timely manner, please submit this completed form with all refund checks and supporting documentation. If the refund check you are submitting is a Healthy Blue check, please include a completed form specifying the reason for the check return.

<b>Provider name</b>		<b>Phone number</b>	
<b>Provider ID</b>		<b>Provider tax ID</b>	
<b>Subscriber ID</b>		<b>DCN number (displayed on CCU letter)</b>	
<b>Member name</b>		<b>Member account number</b>	
<b>Date of service</b>		<b>Total billed charges</b>	

**Total check amount:**

\$ \_\_\_\_\_

**Claim number(s):**


**Reason for refund or check return:**

- Health plan letter
- Contract rate change
- Duplicate payment
- Incorrect member
- Incorrect provider
- Negative balance
- Other health insurance/third-party liability
- Payment error
- Billed in error/adjusted charge
- Other: \_\_\_\_\_

All refund checks should be mailed with a copy of this form to:

Healthy Blue  
 P.O. Box 933657  
 Atlanta, GA 31193-3657

Once the Cost Containment Unit has reviewed the overpayment, you will receive a letter explaining the details of the reconciliation. Thank you for completing this *Overpayment Refund Notification Form*.

**<https://providers.healthybluel.com>**

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